



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN-8 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file. DHSS STATE HEALTH LAB

INTOXILYZER 5000 SN

66002343

DATE OF INSPECTION

6-5-09

LOCATION OF INSTRUMENT (STREET AND CITY)

8401 MEDLAND BLVD CHARLACK MO 63114

TIME OF INSPECTION

1340

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150) -348

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK

☒ CHARACTER DISPLAY TEST OK

☒ PRINT TEST (PRINTOUT ATTACHED) OK

☒ TIME AND DATE 13:40 06/05/2009

☒ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 0.097%

TEST 2 0.098%

TEST 3 0.097%

☒ SIMULATOR TEMPERATURE (34° ± .2°C) 34°C

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) OK

☐ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS

0-04

05-09

10-14

15-19

Over 19

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

VERIFIIR CALIBRATOR

Guth Labs 0.100% Solution

Lot#08400 Bottle#624

Expires: 12/8/09

INSPECTING OFFICER

SIGNATURE

DR. C. C. [Signature]

PRINT NAME

DR. FASC. C. SO-THIELMAN

TELEPHONE NUMBER

314-422-4215

TYPE II PERMIT NUMBER/EXPIRATION DATE

820314 Exp 11-13-10



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08400 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1204 percent (w/vol) ethyl alcohol. The expiration date for this lot number is December 8, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

SN 66-002343
E735.23
INVALID TEST
INHIBITED - RFI

06/05/2009
13:40

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

CHARLACK POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
HD MODEL 5000 SN 66-002343
06/05/2009

TEST	%BAC	TIME
AIR BLANK	.000	13:41
CAL. CHECK	.057	13:42
AIR BLANK	.000	13:42
CAL. CHECK	.056	13:42
AIR BLANK	.000	13:43
CAL. CHECK	.057	13:43
AIR BLANK	.000	13:43

NO RFI PRESENT

STAMMIAU

SUBJECT'S NAME

13:41

TIME FIRST OBSERVED

INSTRUMENT LOCATION

RFI

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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SN 66-002343
E735.23

06/05/2009
13:41

ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPOQRSTUVWXYZ0123456789

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

CHARLACK POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
HD MODEL 5000 SN 66-002343
06/05/2009

DIAGNOSTIC TEST 13:40

FROM CHECK	E735.23	PASSED
RAN CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
REF STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

STAMMIAU

SUBJECT'S NAME

13:40

TIME FIRST OBSERVED

INSTRUMENT LOCATION

RFI

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

SN 66-002343
0735.23
INVALID TEST
INHIBITED - RFI

06/05/2009
13:40

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

CHARLACK POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-002343
06/05/2009

TEST	XBAC	TIME
AIR BLANK	.000	13:41
CAL. CHECK	.007	13:42
AIR BLANK	.000	13:42
CAL. CHECK	.032	13:42
AIR BLANK	.000	13:43
CAL. CHECK	.057	13:43
AIR BLANK	.000	13:45

NO RFI PRESENT

STIMULIA

SUBJECT'S NAME

13:11

TIME FIRST OBSERVED

INSTRUMENT LOCATION

RFI

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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SN 66-002343
0735.23

06/05/2009
13:41

ABCDEFGHIJKLMNPOQRSTUVWXYZ1234567890
ABCDEFGHIJKLMNPOQRSTUVWXYZ1234567890
ABCDEFGHIJKLMNPOQRSTUVWXYZ1234567890
ABCDEFGHIJKLMNPOQRSTUVWXYZ1234567890
ABCDEFGHIJKLMNPOQRSTUVWXYZ1234567890
ABCDEFGHIJKLMNPOQRSTUVWXYZ1234567890

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 015010

CHARLACK POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-002343
06/05/2009

DIAGNOSTIC TEST 13:40

PRGM CHECK	0735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPOQRSTUVWXYZ
0123456789

STIMULIA

SUBJECT'S NAME

13:10

TIME FIRST OBSERVED

INSTRUMENT LOCATION

RFI

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



ERIC C. SONTHEIMER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):
INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 11/13/08
Number 820316
Expires 11/13/2010

John J. Mathewson

Director of State Public Health Laboratory

Director, Department of Health

MO 580-0771 (7-88)

Lab. 4 (R7-88)